



**THOMAS L. GARTHWAITE, M.D.**  
Director and Chief Medical Officer

**FRED LEAF**  
Chief Operating Officer

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
313 N. Figueroa, Los Angeles, CA 90012  
(213) 240-8101

**BOARD OF SUPERVISORS**

**Gloria Molina**  
First District

**Yvonne Brathwaite Burke**  
Second District

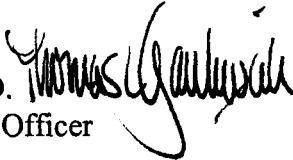
**Zev Yaroslavsky**  
Third District

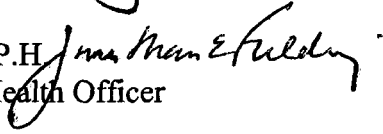
**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

September 14, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.   
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H.   
Director of Public Health and Health Officer

**SUBJECT: STATUS REPORT ON BIOTERRORISM GRANT**

August 30, 2005 marks the end of the first Congressional funding cycle for public health bioterrorism preparedness grants. This memo summarizes the results of our five year Centers for Disease Control and Prevention (CDC) Bioterrorism Grant, whose funding cycle ended August 30, 2005. The five year total is approximately \$83.1 million, including three years of substantially increased funding of approximately \$25 million per year after the World Trade Center event. We have been awarded an additional \$27,933,032 for the current federal fiscal year, which begins a new grant cycle.

Our preparedness for a bioterrorist event or any communicable disease threat or other disaster has increased substantially over this period. Using the Centers for Disease Control grant funds, Public Health has significantly increased its capacity through preparedness planning and readiness assessment by working with our partners to develop and exercise plans to respond rapidly to public health emergencies. Los Angeles has developed plans for specific threats such as smallpox and pandemic influenza as well a Cities Readiness Initiative plan and an all hazards plan.

An extensive surveillance system has been built through a network of hospitals, schools, laboratories and the coroner to identify and track disease outbreaks. To facilitate early recognition of a public health emergency, disease reports can now be send directly to Public Health via fax,

phone or Internet by laboratories and physicians. Physicians countywide receive public health and emergency alerts through the Health Alert Network.

Our public health laboratory is being replaced and its bioterrorism capabilities significantly enhanced. Major improvements in internal and external communications capabilities have been funded, adding pagers, cell and satellite phones and blast fax capabilities to alert and mobilize health department staff as well as our community partners.

Public Health conducts regular communication drills to ensure effective 24/7 alert notifications for any public health threat or emergency. Two major public education media campaigns have been launched to increase preparedness among Los Angeles residents. All public health staff have been trained in bioterrorism preparedness and public health senior managers have had extensive training on operating in a public health incident management system in emergencies. A more detailed summary of these is included in Attachment A.

The last year of the grant differed from previous years. Unlike previous years, the grant requirement changed late in the year, requiring that all funds not only be obligated but spent before the end of the grant fiscal year. As a result, the Department of Health Services (DHS) was unable to spend the remaining funds by the end of the grant period.

Our preliminary projection of unexpended funds for the budget year ending August 30, 2005 was approximately \$9.1 million, for which we are submitting a carryover request. CDC has told us that we can reapply for the use of these unspent funds and indicated that requests with good documentation are likely to be approved.

Because funds could automatically be rolled over to the following year's grant period in the first four years, the best measure of expenditure efficiency is the percentage of the total grant available for carryover. Over the five years we expended and/or obligated approximately 84% of the five year grant allocation, with 16% available for carryover funding.

In making decisions about grant supported projects, programs and personnel, we have been guided by the principle that any public dollars spent be used prudently and consistently with the grant requirements. We have had two federal and one state audit of these expenditures. The audits found that financial statements were accurate, programs were meeting grant requirements and that disease responses were appropriate. Recommendations for improvements were minor and have been implemented.

A significant challenge in planning and implementing bioterrorism grant activities has been uncertainty regarding the amount of funds that will be awarded each year by Congress as well as the changing scope of work for each year of the grant. In the initial period we experienced start up delays associated with all new projects, but to a greater degree as this is the largest new grant that

Each Supervisor  
September 14, 2005  
Page 3

Public Health has received. Some specific challenges have been: recruiting and retaining personnel in hard-to-recruit public health specialties, including disparity in County salaries compared with private sector salaries in certain classifications; delays in materials management processing; the moratorium on purchasing at the end of the fiscal year, which comes shortly before the grant year end of August 30; and lengthy negotiations with vendors. Some examples of significant approved projects that were not funded during this grant cycle include the disaster call center, due to delays in negotiation with vendors; cancellation of the capital project for an additional bioterrorism/tuberculosis unit in current space at Olive View Medical Center; and renovation of the 11<sup>th</sup> floor laboratory space at the Health Services Administration building due to delays in completion of the new Public Health Laboratory.

We are reviewing opportunities to expedite internal county processes to assure timely obligation and spending of grant funds. If there are specific recommendations that require Board approval, we will provide them to you.

If you have any questions or need additional information, please let either of us know.

TLG:JEF:ws

Attachment

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors

## **Bioterrorism Preparedness and Response Program Activities and Accomplishments**

### ***Preparedness Planning and Readiness Assessment***

#### *Development and exercise of response plans including:*

- The Strategic National Stockpile (SNS) plan for the Los Angeles County Operational Area has been developed through collaborative work with the cities of Long Beach and Pasadena, law enforcement, fire and other partners.
- An all-hazards plan including response to biological, chemical and radiological threats has been developed and exercised with variety of health department staff and partners.
- Cities Readiness Initiative Plan has been developed to rapidly provide preventive medication and/or vaccinations to the population of Los Angeles County
- Smallpox Plan was developed and tested.
- Regular communication drills to ensure effective 24/7 alert notifications for any public health threat or emergency.
- Conducted or assisted in public health emergency exercises with external partners on: Severe Acute Respiratory Syndrome (SARS), Strategic National Stockpile (SNS) communication, alert notification and other readiness related activities.

#### *Collaboration and Partnership:*

- Identified and appointed community experts to serve on the Bioterrorism Advisory Committee.
- Public Health participates on the State Joint Advisory Committee to ensure a seamless integration of readiness planning between the State of California and Los Angeles County.
- Established a Medical Reserve Corps, which is recognized by the U.S. Office of Surgeon General, to deploy volunteer medical staff to assist in mass clinics.
- Created a joint Public Health and County Fire Health HazMat working group to prepare health related protocols for the Terrorism Early Warning (TEW) group.
- Established communication with the FBI on joint efforts in training and exercises; trained Public Health staff on forensics epidemiologic and crime scene preservation.

#### *Strengthening Preparedness:*

- Worked with County's legal staff to complete an analysis of California and Los Angeles County laws and their application to public health emergencies and the Health Officer's authority.
- Integrating current emergency response plans to achieve consistency, compliance and National Incident Management System (NIMS) avoid redundancy, and facilitate staff training and plan implementation. The revised "Public Health Emergency Plan" will follow the Integrated Management System format and include National Response Plan Scenarios.
- Developed training, readiness and response programs to address the psychological aspects of bioterrorism.

## **Surveillance and Epidemiology**

- Established a 24/7-phone system that connects concerned parties with the Acute Communicable Disease Control department (ACDC) on-call physicians and epidemiology staff for urgent disease outbreaks including those potentially due to bioterrorism. This system is exercised several times per week.
- Assembled a comprehensive list of physicians, specialty groups (such as infectious diseases specialists), as well as other provider groups. Distributed surveys to these groups and created a database of results.
- Enhanced the ability to receive and evaluate infectious disease reports on a timely basis by implementation of a secure web-based system known as Visual Confidential Morbidity Report (VCMR). This system allows for real time electronic disease reporting, tracking, and investigation and employs multiple channels for routine communications by automatically alerting key staff via phone, pager, and/or email.
- Improved the ability to detect emergent disease situations through analysis of emergency room visits, over-the-counter medication purchases, and unusual death occurrences. These data are categorized into syndromes of interest and monitored in “real time” for the first signs of an unusual disease event including a covert bioterrorism attack.
- Enhanced department’s ability to rapidly deploy specialized public health resources during emergencies. The Public Health Epidemiology Rapid Response Team (PHERRT) members are trained to conduct urgent epidemiological investigations and assess community health needs during public health emergencies.
- Improved department’s ability to respond to bioterrorism and other Public Health emergencies by providing education and training for departmental personnel, nurses, other health care providers, law enforcement, local government officials, and community agencies.
- Developed the *Terrorism Agent Information and Treatment Guidelines for Hospitals and Clinicians* (Zebra Packets) in conjunction with Emergency Medical Services, posted on [www.labt.org](http://www.labt.org) website, and distributed to hospitals and healthcare providers.
- Vaccinated Public Health Response and Healthcare Response Team staff for smallpox and trained staff on mass vaccination.
- Participated in numerous drills and exercises throughout the southland. Conducted an interdepartmental severe acute respiratory syndrome (SARS) exercise in December of 2003 with over 200 participants.

## **Laboratory Capacity**

### *Biological Agents:*

- The LA County Public Health Laboratory is one of only two laboratories in the state funded by the CDC to conduct advanced biological testing.
- Real-time Polymerase Chain Reaction (PCR) assays implemented to rapidly identify potential bioterrorism agents.

- Instituted a daily testing procedure for bio-threat agents in coordination with Centers for Disease Control, Department of Homeland Security, and the Environmental Protection Agency as part of the National Biowatch Program.
- Maintains 24/7 response capabilities for laboratory services during emergency.
- Completed staff security checks, upgraded building security systems, and enhanced existing bio-safety and bio-security plans at the laboratory to meet the requirements of the CDC Select Agent Program.
- Developed protocols with other first responder partners: FBI, LAPD, EMS, Fire, Sheriff and ACDC for the risk assessment, notification, transport and handling of specimens to the laboratory.
- Provided training to staffs from the local area clinical and Public Health Laboratories on regulatory compliance in the packaging and shipping of infectious materials.
- Sponsored and coordinated a full day Level A Bioterrorism Response training symposium for clinical and public health laboratorians. The symposium focused on testing and notification protocols for bio-threat agents and served to strengthen existing networks between the community laboratories and the LA Public Health Laboratory.
- Participated in both tabletop and field exercises that served to disseminate accurate information about available testing resources, capacities, realistic timeframes for results reporting, and contact information.
- Developed test ordering and result reporting mechanisms to the California Health Alert Network (CAHAN) to serve surveillance and rapid notification function in conjunction with California
- Validated Time Resolved Fluorescence assays for toxin antigen detection; specifically Ricin and Staphylococcal Enterotoxin B.
- Validated the Dig-ELISA assay for detection and characterization of Botulinum toxin.
- Provided serological diagnostic services for Plague, Tularemia, and Brucellosis.
- Provided BT testing services for Ventura, and Santa Barbara counties in addition to LAC. Brucella confirmatory services for Orange County.
- Assisted CADHS in providing veterinary plague testing for Kern County.
- Assisted Arizona in Botulinum testing.
- Became a Food Emergency Response Network (FERN) Laboratory
- Successfully completed LRN, and FERN proficiency programs for Biothreat agents

#### *Chemical Agents*

- Provided staff training for local clinical Public Health Laboratories on regulatory compliance for packaging and shipping of biological specimens for chemical agent testing. This training is necessary to assure safe and timely triage of specimens to the appropriate testing facility.
- Compiled a database of local/regional chemical testing capabilities and capacities that will facilitate development of a local/statewide response plan.
- Establishing a testing capacity to provide rapid and effective analysis for metabolites of chemical terrorism agents, such as cyanide and lewisite.
- Working with the State Environmental Laboratory for triage of specimens for screening and confirmation of a full range of chemical terrorism agents.

- Developed a comprehensive response plan with the Terrorist Early Warning (TEW) group, LA County Sheriff and Fire Health HazMat, LAPD, and FBI to coordinate chemical terrorism response activities.
- Increase lab capacity for chemical analysis through additional staff including a Ph.D. Chemist for current CDC Chemical Terrorism Protocols and a BS degreed Chemist for current CDC Chemical Terrorism Protocols.
- Installed and now have operational equipment for detection of toxic trace metals in human urine and for the detection of cyanide in human blood.

## **Information Technology**

- Developed the [www.labt.org](http://www.labt.org) website to provide a comprehensive public health preparedness resource for the general public and public health partners. Work on the release of the second generation of the website is underway and is expected to provide enhanced graphical presentation, improved navigation, and access to additional content and resource materials.
- Developed the Health Alert System Training and Educational Network (HASTEN) system, which provides a secure communication platform and an information portal for healthcare professionals and emergency response partners. This communication channel provides the capability for rapid distribution of critical health alerts and broadcasted advisories through a variety of mechanisms such as blast fax, mobile devices, and two-way pagers.
- Enhancing DHS training capacity through the acquisition of a Learning Management System, which will be able to register, track, and administer training to public health professionals and emergency response partners via the web.
- Developing electronic connections to hospitals and laboratories under the Healthcare Data Exchange (HEDEX) project in order to expand electronic disease reporting and analytic capabilities for syndromic surveillance. The data acquired under the HEDEX effort also involves enhancements to the Visual Confidential Morbidity Report (VCMR) system and related applications to support rapid outbreak detection.
- Enhancing the Los Angeles Immunization Network (LINK) registry to support data management needs of mass vaccination / prophylaxis situations. Designing additional modules to support the receipt, storage, and staging of the Strategic National Stockpile and other medical assets within the jurisdiction.
- Initiated collaborative development efforts with the Office of Emergency Management to provide the department with critical emergency response toolsets under the new countywide Emergency Management Information System (EMIS).
- Providing for improvements and enhancements to critical emergency communications equipment such as the expansion of DHS access to the County Wide Integrated Radio System (CWIRS) units, purchase of field command and control or mobile "all-in-office" units, and deployment of communication devices to critical public health response staff.
- The Health Alert Network Notification System and its companion product, the Secure Collaboration portal which are being made available this month will provide secure,

- Hand washing and respiratory hygiene, the first line of defense in reducing the spread of communicable disease, was emphasized in outreach to the schools and the general public.
- Two Countywide bioterrorism awareness campaigns have been conducted. Most recently a multimedia, multicultural emergency preparedness campaign provided materials and information to assist families in preparing their own emergency plans. Community outreach activities were conducted through Los Angeles County. Print, radio, and television ads were disseminated in 12 languages.

## **Education and Training**

- Conducted presentations to public health professionals, school district personnel, infectious disease specialists, emergency department personnel, and other health care professionals. More than 450 presentations were given to over 5,000 participants since May 2002.
- Established the Bioterrorism Speakers' Bureau of Public Health and trained staff to provide educational sessions for the community and program constituents. Presentations delivered in English and Spanish with written curriculum on general bioterrorism topics, SARS, and smallpox.
- Developed and conducted training and educational activities to prepare public health staff, community, first responders, and medical providers to respond to bioterrorism and other public health emergencies.
- Contracted with UCLA School of Public Health to train public health staff on the Standardized Emergency Management System (SEMS) and Incident Command System (ICS).
- Enhanced the audiovisual capability of the department to increase satellite downlink ability and videotape and editing capabilities.
- Contracted with UCLA to evaluate biohazard field assessment equipment in collaboration with Los Angeles County Fire Department.
- Assessing public health and community bioterrorism training needs and developing methodologies to address documented gaps through collaboration with UCLA Center for Public Health and Disasters and the Bioterrorism Education and Training Advisory Council (including representatives from Emergency Medical Services, related County departments, stakeholders, the medical community, and other county agencies in the State of California Mutual Aid Region I).
- Enhancing evaluation and tracking of training courses and participants through the Learning Management System (LMS), a computer-based education and training system, in collaboration with Focus Area E (Health Alert Network/ Communications and Information Technology.)
- Evaluating training to assess core competencies (including emergency preparedness) among staff and identify additional training needs.
- Public Health staff was trained in core emergency preparedness in the 4-hour Preparedness 101 Course. The goal of the Prep 101 course is to ensure that all levels of Public Health staff understand potential threats, to develop a personal emergency plan, and to have a basic understanding of the role for Public Health staff in emergencies.



- Incident Command System training – public health staff have been training in Incident Command to facilitate their function in this structure during a public health emergency. This system was tested and refined during the flu vaccination clinics during the 2004-2005 flu season and vaccine shortage and in preparing the public health response for Hurricane Katrina evacuees.